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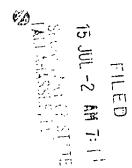
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## **COVER LETTER**

TO: Amendment Section Division of Corporations Kight Way Ministries INC. DOCUMENT NUMBER: N14000004464 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: ROBERT L. Flores Jr.
(Name of Contact Person) Kight Way Ministries Inc. (Firm/Company) 2909 EAST 11th Street 8250 gmail-com address: (to be used for future annual report notification) For further information concerning this matter, please call: hert L. Flores Jr. at (850) 865 (Name of Contact Person) (Area Code & Domi-Enclosed is a check for the following amount made payable to the Florida Department of State: \$52.50 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & \$35 Filing Fee Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is (Additional Copy is enclosed) Enclosed) Street Address **Mailing Address** Amendment Section Amendment Section

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## Articles of Amendment

Articles of Incorporation of

Vielt Was Ministries Force		
(Name of Corporation as currently filed with the Florida Dept. of State)	-	
N14000004464		
(Document Number of Corporation (if known)		
Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporatement(s) to its Articles of Incorporation:	tion adopts the fo	ollowing
A. If amending name, enter the new name of the corporation:		
Right Way Ministries 185A Two	,	The way
Right Way Ministries USA INC. name must be distinguishable and contain the word "corporation" or "incorporated" or the abbrevi	ation "Corp." or	' "Inc."
"Company" or "Co." may not be used in the name.	•	
B. Enter new principal office address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
*		
D. If amending the registered agent and/or registered office address in Florida, enter the name	of the	
new registered agent and/or the new registered office address;		
Name of New Registered Agent:		
Name of New Registered Agent.		
(Floriba street address)		
New Registered Office Address:		
1/14		
(Circ), Florida	(Zip Code)	
(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of	of the position.	
N/s	620	
Signature of New Registered Agent, if changing	2/2	<del>o</del> ì
		<u></u>
Page 1 of 4	₩.,	<b>7</b>
	Br.	-> E

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe. PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change X Remove X Add	PT John Doe  V Mike Jones  SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	Address
1) Change	TREASUREY ANNA Roginski	Panama City Fl. 3241
_X Remove		
2) Change	Transmer Melissa Shuller	13812 Ashton Way Panama City Fl. 3240
Remove 3) Change Add	Secretary June E. Fincher	S722 EAST HWY 22 PANAMA Cty FI 3240Y
<ul> <li>✓ Remove</li> <li>4) Change</li> <li>✓ Add</li> <li>_ Remove</li> </ul>	Vice President David Allen Coatney	2909 E. 11th St. Panama City F1. 32401
5) Change Add Remove		
6) Change Add Remove		
Kemove		

attach additional sheets,	if necessary). (Be s	specific)			
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The date of each amendment(s) adoption:	, if other than the
Effective date if applicable:  (no more than 90 days after amendment file date)	_
Adoption of Amendment(s) (CHECK ONE)	•
The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.	
There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.	
Signature  (By the chairman or vice chairman of the loard, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)  President	
(Title of person signing)	